

## DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below after my name and signature.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **PORTABLE ROCKING DEVICE**, the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN APPLICATION(S)

| Number | Country | Day/month/year<br>filed | Priority Claimed<br>Under 35 USC §119 |
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None

Please address all communications regarding this application to:

Darrin Costa  
285 Roselle Street  
Mineola, New York 11501

Please direct all telephone calls to Darrin Costa at (516) 248-6080.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful and false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor: **Darrin Costa**

Inventor's Signature. 

Date. 4/4/01

Residence: **285 Roselle Street  
Mineola, New York 11501**

Citizenship: United States of America

Post Office Address. Same as above.